

Case Number:	CM15-0214884		
Date Assigned:	11/04/2015	Date of Injury:	03/12/2015
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male with an industrial injury date of 03-12-2015. Medical record review indicates he is being treated for cervical strain, lumbosacral strain, right lumbosacral radiculitis, lumbar 4-5 central disc protrusion and cervical 5-6 disc degeneration with disc-osteophyte complex and bilateral foraminal stenosis. Subjective complaints (10-07-2015) included neck pain and lower back pain radiating to right leg. He noted 100% improvement in right leg pain lasting more than 6 weeks with epidural injection. Work status (10-07-2015) is documented as modified duty. Prior treatment included lumbar 4-5 epidural injection and 12 sessions of physical therapy to back. The treating physician indicates the injured worker did not receive physical therapy for the neck. "The patient has not yet had any treatment for the cervical spine." Objective findings (10-07-2015) included "severely" limited range of motion of the lumbar spine. Extension is documented as 10% of normal. Forward flexion and standing are 0 "as the patient states this causes too much pain." Reflexes in knees and ankles are documented as 1 plus. Straight leg raise was positive on the right side at 45 degrees. Range of motion of the cervical spine is documented as "moderate." Prior diagnostics include MRI of cervical spine (08-28-2015) and are documented in the 10-07-2015 review as follows: A 2-3 mm posterior disc-endplate osteophyte complex at cervical 2-3 accentuated to the left and right of midline; A less than 2 mm midline posterior disc protrusion at cervical 4; 5.; A 2-3 mm posterior disc-endplate osteophyte complex accentuated to the left and right postero-laterally, worse on the right at cervical 5-6. Mild central canal stenosis. Uncovertebral and facet joint degenerative changes. Moderate bilateral neural foraminal stenosis. On 10-22-2015 the request for physical therapy 2 times a week for 12 weeks for the cervical spine was non-certified by utilization review.

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IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Initial outpatient physical therapy 2 times per week x 12 weeks to the cervical spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the neck is recommended by the MTUS Guidelines as an option for chronic neck pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis-like pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had gone many months following the injury without physical therapy of the neck, reportedly, which is unusual. There was no explanation as to why this was the case. However, regardless of this delay in requesting physical therapy, even in the setting of this being the first request for this, 24 sessions of supervised physical therapy is excessive, especially for a first time request. Up to 10 or so sessions would be more reasonable. Therefore, this request for 2 x 12 sessions of physical therapy of the cervical spine is not medically necessary at this time.